



Testimony of the Connecticut State Medical Society

House Bill 6622

**An Act Concerning Prescription Drug
Formularies and Lists of Covered Drugs**

Insurance and Real Estate Committee

March 18, 2021

Senator Lesser, Representative Wood and distinguished members of the Insurance and Real Estate Committee, on behalf of the physicians and physicians in training of the Connecticut State Medical Society (CSMS), thank you for the opportunity to provide testimony on **House Bill 6622, An Act Concerning Prescription Drug Formularies and Lists of Covered Drugs**.

CSMS strongly supports House Bill 6622.

The Bill before you would help solve a long-standing problem that impacts patients who use prescription medications and the physicians who write the prescriptions for their use. Patients choose insurance plans based on several factors, one of which is coverage of a particular drug at an affordable price. When health plans change their formularies during the plan year, it can leave a patient without a suitable alternative or having to pay much higher out-of-pocket costs. Patients are often locked into their insurance contract for a year and cannot easily switch plans.

In 2016, the Global Healthy Living Foundation, which advocates on behalf of people with chronic illnesses, joined with other organizations to survey patients in Florida about midyear formulary changes. In Florida, they found that 68 percent of those with chronic conditions said their insurer had made formulary changes that reduced coverage of their prescribed drugs. Nearly three in four said they couldn't afford the increased costs and were forced to switch to a different medication. Fifty-eight percent of those reported that the new medication was less effective than the previous one.

Patient health should not be impacted because of the bait-and-switch tactics often employed by the insurers when it comes to formulary coverage. Physicians and patients are then forced to engage in a game of trial and error to attempt to find a new drug to treat the patient's medical condition that is covered and cost-efficient. This becomes frustrating, expensive, and often futile on the part of patients and physicians.

HB 6622 goes a long way toward solving this problem by preventing any insurer from removing any drug from its formulary with two exceptions; when a drug is no longer deemed safe by the Food and Drug Administration (FDA) or when drug is deemed sufficiently safe to be used without a prescription. A drug may be moved to a higher tier only if a generic drug is available and approved by the FDA as an alternative and places it in a cost tier below that of the equivalent prescription drug. CSMS strongly supports this bill.